

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Chiropractic Association Political Action Committee

ADDRESS (number and street) ▼

1701 Clarendon Blvd

☐ Check if different than previously reported. (ACC)

Arlington

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00102764

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Simone

Signature of Treasurer

Michael Simone

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="13019.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13019.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29300.00"/>	<input type="text" value="29300.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42319.54"/>	<input type="text" value="42319.54"/>
7. Total Disbursements (from Line 31)	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="41319.54"/>	<input type="text" value="41319.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7630.00

7630.00

(ii) Unitemized

21670.00

21670.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

29300.00

29300.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

29300.00

29300.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

29300.00

29300.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

29300.00

29300.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29300.00	29300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29300.00	29300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel F. Adkins DC

Mailing Address 9138 Arlon Street, Suite B4

City

Anchorage

State

AK

Zip Code

99507-3876

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2013

Transaction ID : C1976787

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Michael J Chenoweth DC

Mailing Address 2317 Knollwood Dr Ste 5

City

Mobile

State

AL

Zip Code

36693-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2013

Transaction ID : C1976785

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

C. David Di Iorio

Mailing Address 421 Hamilton St

City

Geneva

State

IL

Zip Code

60134-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2013

Transaction ID : C1976789

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1870.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erin E Ducat Dc Ducat

Mailing Address 125 S Bloomingdale Rd Ste 11

City State Zip Code
Bloomingdale IL 60108

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2013

Transaction ID : C1976786

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Paul Hogan DC

Mailing Address 5210 Briarwick Meadow

City State Zip Code
Sugar Land TX 77479

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2013

Transaction ID : C1976797

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Justin Thomas Hunter D Hunter

Mailing Address 3540 Seven Bridges Dr, Ste 130

City State Zip Code
Woodridge IL 60517-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2013

Transaction ID : C1976791

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Kenemuth DC

Mailing Address 1710 Bryan St

City

Melbourne

State

FL

Zip Code

32901-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2013

Transaction ID : C1976790

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James D Martin Dc Martin

Mailing Address 400 North Main Street

City

Wasilla

State

AK

Zip Code

99654-7018

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 29 / 2013

Transaction ID : C1976941

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Michael R Perusich Dc Perusich

Mailing Address 910 Thompson Blvd

City

Sedalia

State

MO

Zip Code

65301-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 23 / 2013

Transaction ID : C1976850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael R Perusich Dc Perusich

Mailing Address 910 Thompson Blvd

City

Sedalia

State

MO

Zip Code

65301-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 31 / 2013

Transaction ID : C1976920

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kathryn R Putts-Cantwel Putts-Cantwell

Mailing Address 316 Peterson Road

City

Libertyville

State

IL

Zip Code

60048-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2013

Transaction ID : C1976792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael K Roberts DC

Mailing Address 2001 West Bay Drive

City

Largo

State

FL

Zip Code

33770-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 26 / 2013

Transaction ID : C1976759

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven Shaw Dc Shaw

Mailing Address 136 W Main St

City

New Britain

State

CT

Zip Code

06052-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2013

Transaction ID : C1977028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jonathan Solomon

Mailing Address 44110 Ashburn Shopping Plaza Ste 1

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

01 / 23 / 2013

Transaction ID : C1976859

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

c. James M Strubbe DC

Mailing Address 5687 Park Blvd

City

Pinellas Park

State

FL

Zip Code

33781-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2013

Transaction ID : C1976788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 11 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joel A Stutzman DC

Mailing Address 4 Industrial Blvd Ste 200

City

Paoli

State

PA

Zip Code

19301-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2013

Transaction ID : C1976784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

7630.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Chiropractic Association Political Action Committee

1000.00